

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. _____ FILING DATE _____

APPLICANT

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1							51						
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42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL REQ.		↓	32	↓		↓			↓		↓		↓
TOTAL DEP.		↑	34	↑		↑			↑		↑		↑
TOTAL CLAIMS		[REDACTED]	36	[REDACTED]		[REDACTED]			[REDACTED]		[REDACTED]		[REDACTED]

Best Available Copy